

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/17/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E247		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/26/2011	
NAME OF PROVIDER OR SUPPLIER ST PAUL HERMITAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 17TH AVENUE BEECH GROVE, IN46107			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: May 23, 24, 25, & 26, 2011</p> <p>Facility Number: 000391 Provider Number: 15E247 AIM Number: 100274990</p> <p>Survey Team: Leia Alley, RN, TC Patti Allen, BSW Marcy Smith, RN Rhonda Stout, RN (May 25 and 26, 2011)</p> <p>Census Bed Type: NF: 47 Residential: 51 Total: 98</p> <p>Census Payor Type: Medicaid: 28 Other: 70 Total: 98</p> <p>Sample: NF: 13 Residential: 5</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 6/6/11 Cathy Emswiller RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0157 SS=D	<p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified regarding residents' lack of bowel movements for 3 of 7 residents reviewed for bowel management in a</p>			F0157	<p>Resident #967A. Current constipation care plan has been reviewed by MDS RN, DON, or Unit Manager and hospice RN and determined appropriate and ongoing for this resident. Completed 5/31/11B. Current</p>		06/25/2011

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	<p>sample of 13. (Residents #967, #1010 and #779)</p> <p>Findings included:</p> <p>An undated facility policy, titled Bowel Management, received from the Director of Nursing (DoN) on 5/25/11 at 8:45 a.m. and deemed current, indicated "Policy: [name of facility] nursing personnel will monitor the bowel elimination pattern of each resident. Purpose: To allow each resident to maintain their normal, regular bowel elimination schedule thereby preventing constipation...Procedure:...7. Physician will be notified and order obtained for appropriate treatment if no documented BM [bowel movement] in three days. 8. Charge nurse will administer physician ordered treatment if no documented BM in three days..."</p> <p>1. The record of Resident #967 was reviewed on 5/24/11 at 11:40 a.m. Diagnoses for Resident #967 included, but were not limited to, constipation and dementia.</p> <p>A constipation care plan for the resident, dated 3/16/11 through 6/9/11, indicated a goal of "[Resident's name] will have a bowel movement at least 1 every 3 days within the next 90 days. Interventions included "The nurse will administer stool</p>				<p>bowel management medication regimen has been reviewed by MD, DON, or Unit Manager and hospice RN and determined appropriate and ongoing for this resident. Completed 5/31/11C. Resident's constipation care plan and bowel management medication regimen has been reviewed with medication administration(charge) nurses. Completed 5/31/11D. Nursing staff(licensed nurses and CNA's) will be inserviced to Bowel Management Policy and procedures with emphasis on documentation and reporting. Completed by 6/25/11E. Resident's Elimination Tracking and bowel management medication MAR forms have been monitored by DON and Unit Manager and found accurate and complete since date of deficiency. Resident #1010A. Current constipation care plan has been reviewed by MDS RN, DON, or Unit Manager and determined appropriate and ongoing for this resident. Completed 5/31/11B. Current bowel management medication regimen has been reviewed by MD, DON, or Unit Manager determined appropriate and ongoing for this resident. Completed 5/31/11C. Resident's constipation care plan and bowel management medication regimen has been reviewed with medication administration(charge) nurses.</p>		

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	<p>softeners or laxatives per [Resident's name] usual schedule with the physician's order. The nurse will monitor the effectiveness of the medication and document it in [Resident's name] chart. The physician will be notified and an order obtained for appropriate treatment if [Resident's name] has had no documentation of a bowel movement in 3 days. The charge nurse will administer physician's ordered treatment if no documentation of a bowel movement in 3 days..."</p> <p>Recapitulated physician's orders for April, 2011, indicated Resident #967 could receive the following:</p> <p>Colace 100 mg (milligrams) 1 capsule daily as needed for constipation (original order dated 2/28/09)</p> <p>Colace 100 mg 2 capsules daily as needed for constipation (original order dated 2/28/09)</p> <p>Polyethylene Glycol 17 grams mixed in 5 - 8 ounces liquid daily as needed for constipation (original order dated 6/29/10.</p> <p>Review of an Elimination Tracking Record for April, 2011, indicated the resident did not have a bowel movement from 4/17/11 through 4/28/11.</p> <p>Review of Medication Administration</p>				<p>Completed 5/31/11D. Nursing staff(licensed nurses and CNA's) will be inserviced to Bowel Management Policy and procedures with emphasis on documentation and reporting. Completed by 6/25/11E. Resident's Elimination Tracking and bowel management medication MAR forms have been monitored by DON and Unit Manager and found accurate and complete since date of deficiency. Resident #779A. Current constipation care plan has been reviewed by MDS RN, DON, or Unit Manager and determined appropriate and ongoing for this resident. Completed 5/31/11B. Current bowel management medication regimen has been reviewed by MD, DON, or Unit Manager determined appropriate and ongoing for this resident. Completed 5/31/11C. Resident's constipation care plan and bowel management medication regimen has been reviewed with medication administration(charge) nurses. Completed 5/31/11D. Nursing staff(licensed nurses and CNA's) will be inserviced to Bowel Management Policy and procedures with emphasis on documentation and reporting. Completed by 6/25/11E. Resident's Elimination Tracking and bowel management medication MAR forms have been monitored by DON and Unit</p>		

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	<p>Records for April, 2011, indicated the resident did not receive the above laxative medications (Colace and Polyethylene Glycol) as needed for constipation between 4/17/11 and 4/28/11.</p> <p>There was no documentation to indicate the physician had been notified of the resident's lack of bowel movements during this 12 day period.</p> <p>Further information was requested from the DoN on 5/25/11 at 7:00 p.m. regarding Resident #967's lack of BM's or treatments between 4/17/11 through 4/28/11.</p> <p>During interview on 5/26/11 at 10:30 a.m. the DoN indicated she had no further information to provide and she would be providing some education to staff regarding bowel protocol.</p> <p>2. The record of Resident #1010 was reviewed on 5/25/11 at 3:55 p.m.</p> <p>Diagnoses for Resident #1010 included, but were not limited to, constipation and spinal stenosis.</p> <p>A care plan with an onset of 8/11/10 and current through 7/14/11 indicated the resident was at risk for constipation due to decreased activity. The goal was that</p>			<p>Manager and found accurate and complete since date of deficiency. Due to overall general debility all Health Center residents will be considered as potentially affected by this deficiency and subject to the facility's Bowel Management policy and procedures: A. CNAs will document on each shift daily all resident's BMs on the Elimination Tracking Record and notify the charge nurse if no BM in three(3) days. B. Charge nurse will administer the physician-ordered bowel medication and document on the MAR if no BM in three (3) days or notify the MD to obtain appropriate bowel medication if no medication currently ordered. C. Charge nurse will document results of ordered bowel medication on the MAR and notify MD if no results obtained following resident's receipt of ordered med. D. All residents will be care planned regarding constipation or potential for constipation. 1. Current Bowel Management policy and procedures have been reviewed and revised, including clarification of Procedure #7 to prevent future misinterpretation. (See Bowel Management policy that was uploaded to this report) Completed 6/6/11. 2. All nursing staff (licensed nurses/CNAs) to be inserviced to new Bowel Management policy and procedures by 6/25/11.</p>			

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	<p>she would have a bowel movement at least every 3 days "as seen by the documentation in her chart within the next 90 days." Interventions included "The nurse will administer stool softeners or laxatives per [resident's name] usual schedule with the physician's order. The nurse will monitor the effectiveness of the medication and document it in [resident's name] chart...The physician will be notified and an order obtained for appropriate treatment if [Resident's name] has had no documentation of a bowel movement in 3 days."</p> <p>Recapitulated physician's orders for May, 2011, indicated the resident could receive Milk of Magnesia (a laxative) 30 milliliters once a day as needed for constipation. (original order date 9/25/08)</p> <p>Review of an Elimination Tracking Record for March, 2011, indicated Resident #1010 did not have a bowel movement 3/12/11 through 3/16/11.</p> <p>Review of Medication Administration Records for March 2011 did not indicate the resident received any Milk of Magnesia between 3/12/11 through 3/16/11.</p> <p>There was no documentation to indicate the physician had been notified of the</p>				<p>Night charge nurses will review nightly each resident's Elimination Tracking form in addition to day and evening charge nurses to monitor documentation and prevent deficiency recurrence. Begun 6/6/114. DON and Unit Manager will monitor Elimination Tracking form and MAR weekly for three (3) months. Begun 6/14/115. Deficiency and corrective measures presented to QA committee on 6/21/11 by DON and will be reviewed quarterly for one(1) year by DON and committee.6. All charge nurses will be counseled with written disciplinary reports by 6/25/11.7. MDS RN will review all residents and develop care plan for each regarding constipation/elimination needs.</p>		

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	<p>resident's lack of bowel movements during this 5 day period.</p> <p>Further information was requested from the DoN on 5/25/11 at 7:00 p.m. regarding the resident's lack of BM's or treatment between 3/12/11 and 3/16/11.</p> <p>During interview on 5/26/11 at 10:30 a.m. the DoN indicated she had no further information to provide and she would be providing some education to staff regarding bowel protocol.</p> <p>The record for Resident #779 was reviewed on 5/26/11 at 1:30 p.m. Diagnoses included, but are not limited to, abdominal discomfort secondary to weak abdominal wall muscle, gastroparesis (a condition that reduces the stomach's ability to empty it's contents), mild irritable bowel syndrome.</p> <p>A recapitulated physicians order for May, 2011 indicated Resident #779 had a PRN (as needed) order for Milk of Magnesia Suspension, give 30 mls by mouth, once a day for constipation.</p> <p>An "Elimination Tracking Record" for the month of March, 2011, indicated Resident #779 didn't have a bowel movement (BM) from the days of March 8th to March 15th. The record indicated the resident went 8 days with out a BM. There were</p>						

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F0282 SS=D	<p>no notes or notifications to the physician in regards to the residents lack of bowel movements or lack of prn medications not being administered.</p> <p>The "Medication Administration Record" (MAR) for the month of March, 2011 was reviewed. The MAR indicated Resident #779 had not received any Milk of Magnesia for constipation.</p> <p>During an interview with DON on 5/26/11 at 3:00 p.m., further information was requested in regards to bowel movement tracking. The DON indicated the facility was not properly documenting bowel elimination and no other information was available in regards to the lack of bowel movements or the lack of the prn medications being administered and bowel movement tracking.</p> <p>3.1-5(a)(1)</p>						
	<p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure protocol and</p>			F0282	<p>Resident #967A. Current constipation care plan has been reviewed by MDS RN, DON, or</p>		06/25/2011

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	<p>care plans for bowel management were followed for 3 of 7 residents reviewed for bowel management in a sample of 13. (Residents #967, #1010 and #779)</p> <p>Findings included:</p> <p>An undated facility policy, titled Bowel Management, received from the Director of Nursing (DoN) on 5/25/11 at 8:45 a.m. and deemed current, indicated "Policy: [name of facility] nursing personnel will monitor the bowel elimination pattern of each resident. Purpose: To allow each resident to maintain their normal, regular bowel elimination schedule thereby preventing constipation...Procedure:...7. Physician will be notified and order obtained for appropriate treatment if no documented BM [bowel movement] in three days. 8. Charge nurse will administer physician ordered treatment if no documented BM in three days..."</p> <p>1. The record of Resident #967 was reviewed on 5/24/11 at 11:40 a.m.</p> <p>Diagnoses for Resident #967 included, but were not limited to, constipation and dementia.</p> <p>A constipation care plan for the resident, dated 3/16/11 through 6/9/11, indicated a goal of "[Resident's name] will have a</p>				<p>Unit Manager and hospice RN and determined appropriate and ongoing for this resident. Completed 5/31/11B. Current bowel management medication regimen has been reviewed by MD, DON, or Unit Manager and hospice RN and determined appropriate and ongoing for this resident. Completed 5/31/11C. Resident's constipation care plan and bowel management medication regimen has been reviewed with medication administration(charge) nurses. Completed 5/31/11D. Nursing staff(licensed nurses and CNA's) will be inserviced to Bowel Management Policy and procedures with emphasis on documentation and reporting. Completed by 6/25/11E. Resident's Elimination Tracking and bowel management medication MAR forms have been monitored by DON and Unit Manager and found accurate and complete since date of deficiency. Resident #1010A. Current constipation care plan has been reviewed by MDS RN, DON, or Unit Manager and determined appropriate and ongoing for this resident. Completed 5/31/11B. Current bowel management medication regimen has been reviewed by MD, DON, or Unit Manager determined appropriate and ongoing for this resident. Completed 5/31/11C. Resident's constipation care plan and bowel</p>		

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	<p>bowel movement at least 1 every 3 days within the next 90 days. Interventions included "The nurse will administer stool softeners or laxatives per [Resident's name] usual schedule with the physician's order. The nurse will monitor the effectiveness of the medication and document it in [Resident's name] chart. The physician will be notified and an order obtained for appropriate treatment if [Resident's name] has had no documentation of a bowel movement in 3 days. The charge nurse will administer physician's ordered treatment if no documentation of a bowel movement in 3 days..."</p> <p>Recapitulated physician's orders for April, 2011, indicated Resident #967 could receive the following:</p> <p>Colace 100 mg (milligrams) 1 capsule daily as needed for constipation (original order dated 2/28/09)</p> <p>Colace 100 mg 2 capsules daily as needed for constipation (original order dated 2/28/09)</p> <p>Polyethylene Glycol 17 grams mixed in 5 - 8 ounces liquid daily as needed for constipation (original order dated 6/29/10.</p> <p>Review of an Elimination Tracking Record for April, 2011, indicated the resident did not have a bowel movement</p>				<p>management medication regimen has been reviewed with medication administration(charge) nurses. Completed 5/31/11D. Nursing staff(licensed nurses and CNA's) will be inserviced to Bowel Management Policy and procedures with emphasis on documentation and reporting. Completed by 6/25/11E. Resident's Elimination Tracking and bowel management medication MAR forms have been monitored by DON and Unit Manager and found accurate and complete since date of deficiency. Resident #779A. Current constipation care plan has been reviewed by MDS RN, DON, or Unit Manager and determined appropriate and ongoing for this resident. Completed 5/31/11B. Current bowel management medication regimen has been reviewed by MD, DON, or Unit Manager determined appropriate and ongoing for this resident. Completed 5/31/11C. Resident's constipation care plan and bowel management medication regimen has been reviewed with medication administration(charge) nurses. Completed 5/31/11D. Nursing staff(licensed nurses and CNA's) will be inserviced to Bowel Management Policy and procedures with emphasis on documentation and reporting. Completed by 6/25/11E.</p>		

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	<p>from 4/17/11 through 4/28/11.</p> <p>Review of Medication Administration Records for April, 2011, indicated the resident did not receive the above laxative medications (Colace and Polyethylene Glycol) as needed for constipation between 4/17/11 and 4/28/11.</p> <p>There was no documentation to indicate the physician had been notified of the resident's lack of bowel movements during this 12 day period.</p> <p>Further information was requested from the DoN on 5/25/11 at 7:00 p.m. regarding Resident #967's lack of BM's or treatments between 4/17/11 through 4/28/11.</p> <p>During interview on 5/26/11 at 10:30 a.m. the DoN indicated she had no further information to provide and she would be providing some education to staff regarding bowel protocol.</p> <p>2. The record of Resident #1010 was reviewed on 5/25/11 at 3:55 p.m. Diagnoses for Resident #1010 included, but were not limited to, constipation and spinal stenosis.</p> <p>A care plan with an onset of 8/11/10 and current through 7/14/11 indicated the</p>				<p>Resident's Elimination Tracking and bowel management medication MAR forms have been monitored by DON and Unit Manager and found accurate and complete since date of deficiency. Due to overall general debility all Health Center residents will be considered as potentially affected by this deficiency and subject to the facility's Bowel Management policy and procedures: A. CNAs will document on each shift daily all resident's BMs on the Elimination Tracking Record and notify the charge nurse if no BM in three(3) days. B. Charge nurse will administer the physician-ordered bowel medication and document on the MAR if no BM in three (3) days or notify the MD to obtain appropriate bowel medication if no medication currently ordered. C. Charge nurse will document results of ordered bowel medication on the MAR and notify MD if no results obtained following resident's receipt of ordered med. D. All residents will be care planned regarding constipation or potential for constipation. 1. Current Bowel Management policy and procedures have been reviewed and revised, including clarification of Procedure #7 to prevent future misinterpretation. (See Bowel Management policy that was uploaded to this report) Completed 6/6/112. All</p>		

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	<p>resident was at risk for constipation due to decreased activity. The goal was that she would have a bowel movement at least every 3 days "as seen by the documentation in her chart within the next 90 days." Interventions included "The nurse will administer stool softeners or laxatives per [resident's name] usual schedule with the physician's order. The nurse will monitor the effectiveness of the medication and document it in [resident's name] chart...The physician will be notified and an order obtained for appropriate treatment if [Resident's name] has had no documentation of a bowel movement in 3 days."</p> <p>Recapitulated physician's orders for May, 2011, indicated the resident could receive Milk of Magnesia (a laxative) 30 milliliters once a day as needed for constipation. (original order date 9/25/08)</p> <p>Review of an Elimination Tracking Record for March, 2011, indicated the Resident #1010 did not have a bowel movement 3/12/11 through 3/16/11.</p> <p>Review of Medication Administration Records for March 2011 did not indicate the resident received any Milk of Magnesia between 3/12/11 through 3/16/11.</p>				<p>nursing staff(licensed nurses/CNAs) to be inserviced to new Bowel Management policy and procedures by 6/25/113. Night charge nurses will review nightly each resident's Elimination Tracking form in addition to day and evening charge nurses to monitor documentation and prevent deficiency recurrence. Begun 6/6/114. DON and Unit Manager will monitor Elimination Tracking form and MAR weekly for three (3) months. Begun 6/14/115. Deficiency and corrective measures presented to QA committee on 6/21/11 by DON and will be reviewed quarterly for one(1) year by DON and committee.6. All charge nurses will be counseled with written disciplinary reports by 6/25/11.7. MDS RN will review all residents and develop care plan for each regarding constipation/elimination needs.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E247		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/26/2011	
NAME OF PROVIDER OR SUPPLIER ST PAUL HERMITAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 17TH AVENUE BEECH GROVE, IN46107			
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	<p>There was no documentation to indicate the physician had been notified of the resident's lack of bowel movements during this 5 day period.</p> <p>Further information was requested from the DoN on 5/25/11 at 7:00 p.m. regarding the resident's lack of BM's or treatment between 3/12/11 and 3/16/11.</p> <p>During interview on 5/26/11 at 10:30 a.m. the DoN indicated she had no further information to provide and she would be providing some education to staff regarding bowel protocol.</p> <p>3. The record for Resident #779 was reviewed on 5/26/11 at 1:30 p.m. Diagnoses included, but are not limited to, abdominal discomfort secondary to weak abdominal wall muscle, gastroparesis (a condition that reduces the stomach's ability to empty it's contents), mild irritable bowel syndrome.</p> <p>A recapitulated physicians order for May, 2011 indicated Resident #779 had a PRN (as needed) order for Milk of Magnesia Suspension, give 30 mls by mouth, once a day for constipation.</p> <p>An "Elimination Tracking Record" for the month of March, 2011, indicated Resident #779 didn't have a bowel movement (BM)</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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	<p>from the days of March 8th to March 15th. The record indicated the resident went 8 days with out a BM. There were no notes or notifications to the physician in regards to the residents lack of bowel movements or lack of prn medications not being administered.</p> <p>The "Medication Administration Record" (MAR) for the month of March, 2011 was reviewed. The MAR indicated Resident #779 had not received any Milk of Magnesia for constipation.</p> <p>During an interview with DON on 5/26/11 at 3:00 p.m., further information was requested in regards to bowel movement tracking. The DON indicated the facility was not properly documenting bowel elimination and no other information was available in regards to the lack of bowel movements or the lack of the prn medications being administered and bowel movement tracking.</p> <p>3.1-35(g)(1)</p>						